## ORDERS >\$3,000 FAR PART 8.405-6(g)

## 2237 Transaction # or Vista Equipment Transaction #: 657-11-3-3462-0077

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

**Restricted to the following source:** Provide <u>original manufacturer's</u> name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, <u>ALSO</u> provide dealer information.)

Manufacturer/Contractor: Gu	ıldmann C & phone number: <u>Steve We</u>	inecke
Mfgr/Contractor Address:	Linda Bowman VP 5525 Johns Rd Suite 905 Tampa FL 33634 800.664.8834	
Dealer/Rep address/phone no	umber: <u>913-515-0501</u>	
☐ The requested material or	service represents the minim	um requirements of the Government.
1. AGENCY AND CONTRACTING ACTIVITY:		Department of Veterans Affairs SAO Central VISN 15 CCA 4101 S. 4 <sup>th</sup> St Trwy Leavenworth KS 66048
	VISN:	15
2. NATURE AND/OR DESCRIP	TION OF ACTION BEING APPR	OVED:
This is a limited source 8.405-1.	es justification for limiting con	npetition to less than is required by FAR
GH2HD DC Patient ceiling lift		RED TO MEET THE AGENCY'S NEED: vices, rails, support material, bracing and all onal installation lift system.
b. ESTIMATED DOLLAR VAI		
c. REQUIRED DELIVERY DA		
		FAR 8.405-6), AND IF APPLICABLE, A

REQUIRED SUPPLY OR SERVICE.

Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.
A patent, copyright or proprietary data limits competition. The proprietary data is:
These are "direct replacements" parts/components for existing equipment.
The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.
The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.  A competition, VA-255-08-RP-0339, for patient lifts was conducted in August of 2008 for the lifts required for the PBVAMC in Poplar Bluff, MO. Guldmann was selected as the best value and awarded a delivery order, 589-E82030 for patient lifts required per the statement of requirements.
An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.
4. DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:
Placing an additional 8 Guldmann GH2 systems into inventory in lieu of other ceiling lift systems will build on already established staff training programs and contribute to increased efficiency and continuity of use for equipment already in place. Logistical systems already in place to maintain sling inventory, user function, and equipment serviceability would need retooled and contribute to increased cost and additional man-hours as a result of selecting lifting equipment other than the GH2 system.
5. DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:  GSA Advantage was researched and Guldmann Inc. was found to have an existing contract – V797P-4680A (ends: Jun 21, 2014)

## 6. ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

PBVAMC has purchased a weight test cart specifically for PM's of existing ceiling lifts. There is currently 80 Guldmann GH2 ceiling lift systems installed at PBVAMC constituting the majority of patient lifting equipment in use throughout the medical center. Placing an additional 8 Guldmann systems into inventory in lieu of other ceiling lift systems will build on already established staff training programs and contribute to increased efficiency and continuity of use for equipment already in place. Logistical systems already in place to maintain sling inventory, user function, and equipment serviceability would need retooled and contribute to increased cost and additional man-hours as a result of selecting lifting equipment other than the Guldmann system. Guldmann system installations require Guldmann installer expertise to maintain current wall stud/ceiling mount design already in place with previously installed systems and to validate current and previous warranty work. Previous PBVAMC Guldmann installation crews have provided excellent installation. These lift installations have not required facility structural repair or system redesign due to careful planning and coordinated vendor installation efforts. Each proposed new ceiling lift installation location has different installation costs due to varying room dimensions and associated hardware components as noted in previous PBVAMC Guldmann system installations.

7. A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

Future patient lift requirements will be reviewed for acquisition using ordering procedures other than under FAR 8.405

8. <u>REQUIREMENTS CERTIFICATION:</u> I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

SIGNATURE RN DATE Patient Handling

NAME STATE

PAGE TITLE

SERVICE LINE/SECTION

## 9. APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

a. <u>CONTRACTING OFFICER'S CERTIFICATION</u> (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Hu Lag	7-14-2011		
CONTRACTING OFFICER'S SIGNATURE	DATE		
HANS CORENZINI Contract Spec	SAO Central VISN 15 Contracting		
NAME AND TITLE	FACILITY		
HIGHER LEVEL APPROVAL (For orders over \$500,000):	REQUIRED NOT REQUIRED		
b. <b>QA OFFICER</b> : I certify that the foregoing justification knowledge and belief. *This signature may be the VISA Supervisor is the same individual.			
C0-+ M.H.	7/19/		
SIGNATURE	DATE		
Christy Herbig			
QUALITY ASSURANCE COMPLIANCE MANAGER VISN 15			
c. <u>NCM/or Designee</u> : I certify the justification meets Federal Supply Schedule contractors to fewer than the			
Burnadity Cothan	7-20-2011		
Bernadette Cothern	DATE		
VISN 15 NCM			
d. <u>SAO</u> : I certify the justification meets requirements for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.  NA			
PAMELA J. SANDERS	DATE		
DIRECTOR SAO CENTRAL REGION			
SAO CENTRAL REGION			
e. VHA HCA'S REVIEW AND APPROVAL (over \$500,000 to \$10 million): I have reviewed the			
foregoing justification and find it to be complete and ac and approve for restricting consideration of the Federa			
number required by FAR Subpart 8.4			
NA			